PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred In a hospital or institu-tion, give its NAME is -Ward) stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE, OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED (Write the word) (Month) (Day) HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH (Day) that I last saw h IIf LESS than 7 AGE and that death occurred on the data stated above, I day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER -1923 (Address) 11 BIRTHPLACE RENTS state the Disease Causing Death, or, in deaths from infent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER ients or Recent Residents) 13 BIRTHPLACE place In the State (State or Country) Where was disease contracted, if not at place of death?. 14 THE ABOVE IS TRUE Former or usual residence DATE OF BURIA If more bianks are needed, addre.s tate Ragistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on be used only when needed. As examples: (a) (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Heart failure," "Itaemorrnage, "Shock," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "IIaemorrhage, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. BEvery Item of Information should be carefully supplied. AC
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V. S. No. 1

PLACE OF	DEATH	and the same	some order on	STATE OF	MARYLAND
County	m1-	Am " bad	S. S. A.	CERTIFICA	TE OF DEATH
		all server	086	40 Registration	on Dist. No. 202
Village or City 2	ME FEN	Mo. ON	uman	St.:We	ard) (If death occurred a hospital or institution, give its NAMI stead of street number.)
PERSONAL A	ND STATISTICAL	PARTICULARS	MEC	DICAL CERTIFICAT	E OF DEATH
Mak &	W OF	NGLE, ARRIED, IDOWED, & DIVORCED Vrite the word)	16 DATE OF DEA	July	(Day) (Year
6 DATE OF BIRTH	1		17 I HER	EBY CERTIFY, That I	attended the deceased f
	July (Months)	(Day), 193	that I last saw h	1931 to	Ly 6 — , 192
7 AGE		[If LESS t		ccurred on the date sta	ated above, at 5 - a
1	d	2 1 day		EATH * was as follows	31/4
8 OCCUPATION	yrs. // mos.	Ods. or m	in.?	scarage.	8- 011/1100
(a) Trade, professio	n or		Rece	1 1000000000000000000000000000000000000	<u> </u>
particular kind of w	rork			**************************************	
(b) General nature of business, or establish	of industry hment in			(Duration)	yrsmos
particular kind of w (b) General nature of business, or establish which employed or (of industry hment in		Contributory	(Duration)	yts
(b) General nature of business, or establish	of industry hment in	Imoro M	Contributory Secondary	,	yrsmos
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particular kind of w (b) General nature of business, or establish which employed or (9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	Buller Afterson Maggar Maggar	Lowrs M. Fruman Butter	Secondary (Signed) *State the Violent Causes, Accidental, Suici 18 LENGTH OF ients or Recent At place of death yrsyrs	Disease Causing Destate (1) Means of idal or Homicidal. RESIDENCE (For Homes) In mosds.	Urie mos. Llrie Market
particular kind of w (b) General nature of business, or establish which employed or (9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	Sestles- A feason Magge (y)	Lowrs M. Truman Bruman M. Buttip N. W. MY KNOWLEDGE	Secondary (Signed) *State the Violent Causes, Accidental, Suicidents or Recent	Disease Causing Destate (1) Means of idal or Homicidal. RESIDENCE (For Homes) In mosds.	ath, ord in deaths from Injury and (2) Whether ospitals, Institutions, To
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particular kind of w (b) General nature of business, or establish which employed or (9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	Sestles- A feason Magge (y)	Lowrs M. Truman Buttle Not MY KNOWLEDGE MY KNOWLEDGE MAN LOW MA	Secondary (Signed) *State the Violent Causes, Accidental, Suicidental, Suicidental, Suicidents or Recental, Suicidents or Re	Disease Causing Des state (1) Means of dal or Homicidal. RESIDENCE (For Hot Residents) In	ath, ord in deaths from Injury and (2) Whether ospitals, Institutions, To

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should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from work, laborer, Spinner, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return"Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, Housenuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, Or For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. (b) At Home, and children, not gainfully em-For persons (b) Automobile factory. The material who have no occupation Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*Crobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria [avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis earbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State eause for which surgical operation was under-"Debility" ("Congenital," Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Exhaustion," "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; "Heart failure," "Haemorrhage," Chronic valvular heart disease; The n .ture of the injury, etc. The contributory

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Village or City

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE

(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)

(State or country)

10 NAME OF

14 THE ABOVE IS

Filed

(Informant)

(Address)

II BIRTHPLACE

OF FATHER

(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (Stats or country)

TRUE TO THE BES

3 SEX

7 AGE

2FULL NAME

PERSONAL AND STATIST

4 COLOR OR RACE

(... onth)

PLACE OF DEATH	08	
County / Cent	(us)	

STATE OF MARYLAND CERTIFICATE OF DEATH

	(18) Registration Dist. No. 200
ry & Green	St.: Ward) (If death occurred is a hospital or institution, give its NAME irstend of street and number.)
CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I at anded the decensed from 193 . to 193 .
MKNOUM1896. (Day) (Year)	that I last saw her alive on 720
mos. ds. or min.?	and that death occured on the date stated above, at
	(Duration) yrs. mos. ds.
/	Contributory
Carroll	(Signed). (Address) Jakus M.D.
1.	*State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidents, Suicidal or Homicidal.
· Pearce	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
1	At place of death yrs mos ds. In the State yrs ds. ds.
T OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Hund	Former or usual residence.
Zena Wich	and dill luty july th 1.5.31
01 11	20 UNDERTAKER / ADDRESS

If more b.anks are needed, address Etate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

of information CIANS should statement of OC WRITE

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PARENTS

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As evamples : fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING BEATH. guged in domestic service for wages, as Scream, Cook, Housemaid, etc. If the occupation has been changed played as At school, or At home. Care should be taken en at lome, Laborer world on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement it nature of the business or indiretry, and the chesin cases, especially in industrial employments, it is necessary to know in the hind of work and also b the tion applies to each and early person, irrespective of cupition is very im ortant, so that the relative health Statement of Occupation Treeise statement of ocwhatever, write None business, that fact may be indicated thus; Farmer (fedurite salary), may be entered as Housewife household only (not paid Housekeepers who receive a Ciril engine Physician, Com oritor, Archivet, the first line will be sufficient, e.g. . Transfor Planter, 1.codo.: Foreman, or At Home, and children, not gainfully om-For many occupations a single word or term on yrs). For persons who have no occupation Form laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of persons enwho are engaged in the duties of the (b) Similar Mill Marine Automobile factory. Locomolies engineer, The But in many Wom-

Statement of Can e of Denth—Name, first, the DISEASE CAUSING DENT: the Linity affection with respect
to time and causing, uniquely always the same accepted term for the same down, and less forebroughed
fover (the only define symmetry and use of "Creek",
spinal menimital"); Diphthana avoid use of "Creek",
Typhoid loser inever report "Typhoid Predining";
Lobar uncumonia Branchapanamania "Pneumonia."

termus) may be stated under the head of "contributory" approved by Committee on Nomenchaure of the dr as probably such, if impossible to determine deliniely. diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonius," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite dicase "Exhaustion, "Debility" use of "Tunior" eurbolic acid - probably suicide uccident; Revolver wound of head-homicia: Pala ed by and qualify as ACCIDENTAL, SUICIDAL, or HOWELD taken. State cause for which surgical operation was an dercan be ascertained as the cause. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Annemia" (merely symptomcausing death, 29 ds.; Bronchopneumonia (secondar, (secondary Chronic interstitial nephritis, Whooping cough; inges. perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association. Examples: Accidental drowning; Struck by railway train unqualified, Recommendations on statement of cause of fracture of skull, and consequences is "Atrophy." "Collapse," "Coma," "Convulsions," unless important. FOR VIOLENT DEATHS State MEANS OF INJU.Y ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, or intercurrent) affection need not is indefinite); Tuberculosis of lungs, menfor malignant neoplasms); Mersles; Chronic Example: Measles (Cise re etc. The contributory valvular heart disease; Then ture cit.ei. jury, Always qualify ; II

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N. B.-

	PLACE OF DEATH County Sent Workon	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 202
	Village or City New Four (No	St: Ward) (If death occurred in a hospital or institu-
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male Leold Single, Married, Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
-	Sefa 19, 1864 (Month) (Day) (Year)	that I last saw have alive on 7 - 25 , 192
	7 AGE If LESS than day hrs, or min.?	and that death occurred on the date stated above, at
1	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	trouble
1	which employed or (employer) BIRTHPLACE (State or country) Md	Contributory Secondary (Duration) VIE. mos. de.
	10 NAME OF authory Hyuson	(Signed)
	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) Wd.	ients or Recent Residents) At place In the of deathyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A Hunson	Where was disease contracted, if not at place of dea.h? Former or usual residence
	(Address) Worton R. M	19 PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL We druften Worken Pount July 29 1931
	15 Filed ful 27 1921 21 V Attacks	Lehas L Blodd Chestisting
	If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory not be

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(新)	(SI-	PLACE OF DEATH	STATE OF MARYLA	ND
med -	PHY Ex	County Truly	CERTIFICATE OF DE	ATH
	,≺, fled	09 , 8 ,	Registration Dist. No.	01
ORD	EXACTI y classificate.	Village or City Current Prech (No.	tion, give i	occurred In or institu- its NAME I:- street and
	W ≥≠	2FULL NAME / MANUEL STATE OF THE STATE OF TH	number.)	
-	stated proper of certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
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N N	oul n b	6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the de	
BI PE	E sh at it ns o	Hovember 19# 1866	1923 / to Jell	1925
A A	D t o	(Month) (Day) (Year)	that I last saw h alive on	192
F	ed. Is so struc	7 AGE If LESS than I day	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:	<u> </u>
E H	Idu	yrsmos. Od ds. ormin.?	A pp	
S. I	sup n te	8 OCCUPATION (a) Trade, profession or Aparticular kind of work	Chasses Allentilled	applied.
ESE	efully in plai tant.	(b) General nature of industry		tri.
NG NG	L -	business, or establishment in which employed or (employer)	Contributory Wesser Conner	nosds,
ZO	ATH mpo	9 BIRTHPLACE (State or country)	Contributory Secondary	/
MARG	d be	10 NAME OF	(Dureijon) yrs ,n	nosds.
MAR	Ve ve	FATHER Hellique Janvier	(Rigned) (Address) Fallian	M.D.
F	(c) FI (c)	OF FATHER (State or country)	#State the Discoon Country Douth or in dos	aths from
	ation s CAUS	(State or county) Maryland	Violent Causes, state (1) Means of Injury and (2, Accidental, Suicidal or Homicidal.) Whether
LY		of MOTHER Mary (Strately Welfured	18 LENGTH OF RESIDENCE (For Hospitals, Institut	ions, Trans-
Õ	Inform state CCUPA	13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos, ds. State yrs	mosds.
PL	400	(State or Country) 14 THE ABOVE IS TRUE/TO THE DEST OF MY KNOWLEDGE	Where was disease contracted,	
TE	~ ~	Mario Mario Davido	Former or usual residence	
WRITE	IS summer	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF	BURIAL
_ >	Every item CIANS sho statement	(Address) Moslerlaux Hedi	Theresbury Kaly 18	, 1993/
o z	1. M O ®	15 Filed Keley 14 198/ + 10 Coails	TO UNDERTOKER CONTROL	of the
å .	m	Registrar	r, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.	oun/HOG
1	-	II more blanks are needed, address tate Kegistrar	, 10 W. Saratoga St., watto, Requesting V. D. 10. 1.	

(Approved by U. S. Census and American Public Health Association.)

er," etc., William, Laborer Coat man, laborer, Farm laborer, Laborer—Coat the laborer, Furm laborer, Laborer—Coat the laborer of the laborer home, who are engaged in the duties of the laborer home, who are engaged in the duties of the laborer. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physicu:n, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Stationary fireman, etc. But in many Locomotive engineer,

Statement of Gause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the cough; Chronic valvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more bianks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in

a hospital or institu-tion, give its NAME is -steed of street and

and (2) Whether

number.)

RESERVE

MARGIN

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional the is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthlaborer, cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planler, Housemaid, etc. to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Laborer-Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., ol FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature Chronic valvular heart disease; nephritis, etc. The contributory Always qualify all contributory

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PLACE OF DEATH	08321 STATE OF MARYLAND
County	CERTIFICATE OF DEATH Registration Dist. No. 202
Village or City Chesterhoon	(183)
2 FULL NAME Rusis Elizabeth	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junal Hufe Single, MARRIED, WIDOWED OR DIVORCES (Write the word)	18 DATE OF DEATH July 7, 192/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	thet I last low h alive on 192
7 AGE If LESS than I day hrs. — ds. or min.?	The CAUSE OF DEATH * was es follows:
8 OCCUPATION (a) Trade, profession or Hause thork	July 7, 1931, 6 p. m Bothy
(b) General nature of industry business, or establishment in which employed or (employer)	Survive To your Tolde,
9 BIRTHPLACE (State or country) Mary Land	Contributory Secondary (Dusation) yre mos de
10 NAME OF Samuel Smith	(Signed Harry L. Dadd, Car., M. D.
of FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Maryart Weshin	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-
13 BIRTHPLACE OF MOTHER (State or Country) Maryland.	ients or Recent Residents) At place of deathyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWL DEE	Where wes disease contracted, if not at place of des.h?
(Informatifact Mc General	Former or usual residence
Character ptone, May	lowstortown md July 11, 1931
15 Filed July 11 1931 17 T. Ducks	Lahas L hodde Shittertrain
	r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a r," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day (6) Grocery;

Statement of Cause of Death—Name, first, the DISE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) tetanus) may be stated under the head of "contributory." inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as ChronicExample: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

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	PLACE OF DEATH	STATE OF MARYLAND
	County CeAN	CERTIFICATE OF DEATH
	4 + 01+	Registration Dist. No. 200
V	2FULL NAME MYTTLE	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	Teural Cal Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6	DATE OF BIRTH Sept. 3, 1910 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1997 to full 1997 that I last saw h alive on 1997
7	AGE [If LESS than	and that death occurred on the date stated above, at TP. m.
	9.6/ 3 5 1 dayhrs.	The CAUSE OF DEATH * was as follows:
-	yrsmosds. ormin.?	
M)	OCCUPATION (a) Trade, profession or	Julmonsy morrellow
	particular kind of work	***************************************
1	business, or establishment in which employed or (employer)	(Duration)mosds.
-	BIRTHPLACE	Contributory Jatel Human ++++
	(State or country) Maryland	(Duration)
	10 NAME OF Daniel Philleps	(Signed) Sulle freeh M. D.
ဟ	11 BIRTHPLACE OF FATHER	(Address)
RENTS	(State or country) Mary law	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAF		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or Country)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) Ornelius Thelips	usual residence
	(Address) Chilulous	worton Point July 12, 192
18	Filed Kurd 1921	20 UNDERTAKER ADDRESS
-	Registrar	Warry Howay Mediter our
1	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more present of the laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed. as At school, or At home. Care should be taken business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emhome, who are engaged in the duties of the especially in industrial employments, it is neces-(b) Colton mill; (a) Salesman. (b) Automobile factory. The material For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on telenus) may be stated under the head of "contributory." "Inanition," "Weakness," etc., when a definite disease "Exhaustion," "Heart taum," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (Recommendations on statement of cause of death as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiand consequences (e. g., sepsis, Example: Measles (disease Nomenclature of the

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PLACE OF DEATH County less	08323 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 200
Village or City (No. (No. 2FULL NAME PHU) Reed	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SANGLE, MARRIED, WIDOWED, OR O'VORCED (Write the word)	16 DATE OF DEATH July 6, 192
6 DATE OF BIRTH March (Month) (Day) (Year)	(Month) (Day) (Year) I HEREBY CERTIFY That I attended the deceased from 192 . to 1
yrs. 3 mos. 2 ds. or min.?	and that death eccurred on the date stated above, at 130 m. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER ST 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER CHANGE CONTROL OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
11. // . // .	Where was disease contracted, if not at place of death?
(Address) THEY TICE!	relace of Burial OR REMOVAL DATE OF BURIAL WILLIAM 1981
Piled 1911 Clifut Registrar	HAMM AND AND MANAGERS 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH guged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many tion applies to each and every Statement of Occupation-Precise statement of ocwhatever, write None. business. that fact may be indicated thus; Farmer (re Housemaid, etc. to report specifically the occupations of persons ployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on Farm laborer, yrs . (b) Cotton mill; (a) Solesman. At Home, and children, without more precise specification as Day (6) For persons who have no occupation If the occupation has been changed Automobile factory. The material Laborer--Coal mine, etc. person, irrespective of not gainfully em-6 Grocery,

Statement of Cause of Death—Name, first, the DIS-EACH (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal forer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature Chronic valvular heart disease; etc. The Always qualify all contributory not be

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BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	cample I = 1 %		Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Mig 3	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis,	- U.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BULLA	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

A. No.

PLACE OF DEATH	08335 STATE OF MARYLAND
County Cun	CERTIFICATE OF DEATH
Village or (inter Muller Shire) 2FULL NAME Porter	St.: Ward) St.: Ward) (If death occurred is a hospital or institution, give its NAME is stand of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mal White the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 29 . 1927/ (Month) (Day) (Year)
DATE OF BIRTH July 29- (North) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased from 192
Still the day hrs or min.	The CAUSE OF DEATH " was an follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) (State or country) (State or country) (State or country) (State or country)	(Signed) (Duration) yrs mos de (Signed) (Address) (Manufacture Manufacture Man
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME Shuther 15 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Moapitals, Institutions, Translents or Recent Residents) At place of death yrs of death yrs of death where was disease contracted,
(Informant) Januar Continuent (Address) Mellington Mg	Former or usual residence
Filed 7/20 1921 Me Bur Registras	7. 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more processed mine, etc. Wom-laborer, Form laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may report specifically the occupations of persons Foreman, first line will be sufficient, e. g.. Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. form part of the second statement. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Dpidemic cerebrosspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; cobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, tetunus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. carbolic acid-probably su cide. The nature of the injury, accident; Revolver wou d of head-homicide; and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. (secondary Chronic interstil'al nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) Chronic Example: Measles (disease affection need etc. valvular heart Nomenclature of the The contributory Always qualify all Poisoned by not disease; etc., of

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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND		
County, New Y	CERTIFICATE OF DEATH		
R. H. D.	Registration Dist. No. 203		
Village or City Nock Hall (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and numbar.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male Gold Single, Married, Midowed OR DIVORCED (Write the word)	16 DATE OF DEATH July 15th, 1931 (Month) (Day) (Year)		
6 DATE OF BIRTH	I HEREBY CERTIFY, That Lattended the deceased from		
(Month) (Day) (Year)	that I left saw have alive on July 7 197/		
7 AGE If LESS than I day hrs. ds. or min.?	and that death occurred on the data stated above, at		
(a) Trade, profession or farm work of particular kind of work	fal Hout Frouble		
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. J. mos. ds.		
(State or country) Maryland	Contributory Secondary (Duration) Area 5 mos de.		
1D NAME OF FATHER THE SILES	(Signed) M. D.		
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
of Mother Clipa	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
13 BIRTHPLACE OF MOTHER (State or Country) Md.	At place of death		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?		
(Informant) 300 3000 (Address) 1001 1500	19 PLACE DE BURIAL OR REMOVAL DATE OF BURIAL		
Filed 7/13 1931 B. Euro Gradin	Long L. Rodd Wester from		
If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			

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Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Colton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature of the

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REAU

V. S.

M

1	/1	USS34
1	PLACE OF DEATH	STATE OF MARYLAND
C	ounty/low/	CERTIFICATE OF DEATH
/	20 1	Registration Dist. No.
Villa	age or City Kack (No,	St; Ward) (If death occurred i
	2 FULL NAME Bedingfuld S.	a hospital or institution, give its NAME in stead of street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	EX 4 COLOR OR RACE 5 SINGLE, MARRIED MARRIED	16 DATE OF DEATH
	WIDOWED OR DIVORCED (Write the word)	(Month) (Day), 162 (Year'
6 D.	ATE OF BIRTH	Chr. 1 1923 1, to the 3 1923
	Jan 7 876	that I dast saw handlive on 29, 1925
	(Month) (Day) (Year)	and that death occurred on the date stated above, at 1/4 454.
7 AG	If LESS than	The CAUSE OF DEATH & was as falleness
(a	CCUPATION // Prade, profession or ///	Chronic Interstitial Reputer
unifica .	articular kind of work Adduttum) General nature of industry	
bı	usiness, or establishment in hich employed or (employer)	(Duration) Istalefield
-	RTHPLACE //	Contributory Arence Orm -
	(State or country)	(Duration) prs. mos.
	10 NAME OF FATHER	(Signed) Supply M.
S	II BIRTHPLACE	July 30 1923 / (Address) Soleman Mid
RENT	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
ARI	12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal.
0	18 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients, or Recent Residents)
	OF MOTHER (State or country)	At place In the of deathyrsmosda, State,yrsmosda
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Lerge W. Jufton	Former or usual residence
		19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
15	(Address) (Mucaymu)	Shrewstony aug 1 103
	iled July 3/ 192/ It Colorb	20 UNDERTAKER ADDRESS
	Hegistrar	Hose Witin Kon Hellen Jon
	If more blanks are needed, address State Registrar.	16 W. Saratora St., Balto, Requesting V. S. No. 1/

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tired 6 yrs.). For persous who have no occupation state occupation at beginning of illness. If retired from or given up on account of the disease causing death, whatever, write None. business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been chauged gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day

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head of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver around of head-homicide; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "lnauition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart discase; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), such as "Asthenia," "Anaemia" (merely Example: Measles (disease (second-

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TECORD ated EXACTLY, PHYSI- coperificate, Exact	Village or City Man Maclas Sha	St.: Ward)
Tated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
GIN RESERVED FOR BINDING ADING INKTHIS IS A PERM Be carefully supplied ACE should be strain terms so that it may be provided to the strain of the strai	3 BEX 4 COLOR OR RACE MARRIED. MARRIED. MIDOWED OR DIVORCED (Write the word) 5 DATE OF BIRTH Month (D2y) (Year If LESS than I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That i attanded the deceased from 182 te 192
W m	If mora blanks are needed, addross State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

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